POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		21	4/7/01
FORMALITY REVIEW	*[signature]*	1020	02/20/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✔	...... Rejected	N	...... Non-elected
=	...... Allowed	I	...... Interference
–	(Through numeral)... Canceled	A	...... Appeal
÷	...... Restricted	O	...... Objected

Claim Final	Original	Date						
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If more than 150 claims or 10 actions
staple additional sheet here

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